

JAN 20 2004

PTO/SB/01 (10-01)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 130588.91451

First Named Inventor Paul S. Keim et al.

COMPLETE IF KNOWN

Application Number 10/624,714

Filing Date 7/21/03

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH RESOLUTION TYPING SYSTEM FOR PATHOGENIC MYCOBACTERIUM
TUBERCULOSUM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY) July 21, 2003

as United States Application Number or PCT International

Application Number 10/624,714 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

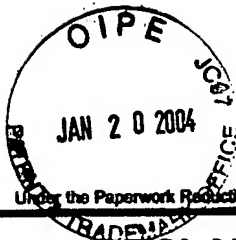
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

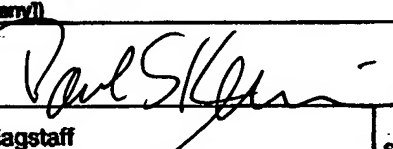
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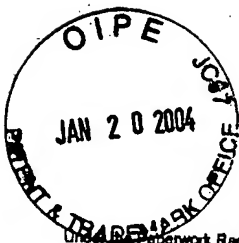


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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 2px;">26707</div>		OR <input type="checkbox"/> Correspondence address below	
Name Barbara J. Luther					
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Address					
City		State		ZIP	
Country		Telephone 602-229-5502		Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Paul S. <small>(first and middle (if any))</small>				Family Name Keim <small>or Surname</small>	
Inventor's Signature 				Date 9/13/03	
Residence: City Flagstaff		State AZ		Country USA Citizenship US	
Mailing Address					
Mailing Address 3115 W. Tina Lane					
City Flagstaff		State AZ		ZIP 86001 Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Robert Scott <small>(first and middle (if any))</small>				Family Name Spurgiesz <small>or Surname</small>	
Inventor's Signature				Date	
Residence: City Flagstaff		State AZ		Country USA Citizenship US	
Mailing Address					
Mailing Address 1080 Kaibab Lane, Apt. 86A					
City Flagstaff		State AZ		ZIP 86001 Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Address

City

State

ZIP

Country

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Paul S.
(first and middle (if any))

Family Name Keim
or Surname

Inventor's
Signature

Date

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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or Surname

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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James M.		Schupp	
Inventor's Signature <i>James M. Schupp</i>		Date <u>17-Oct-03</u>	
Residence: City	Flagstaff	State	AZ
Country	USA	Citizenship	US
Mailing Address			
8535 S. Layton Road			
City	Flagstaff	State	AZ
ZIP	86004	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
City		State	
ZIP		Country	

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